



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Received  
12-7-2011  
1:45 pm

CANDIDATE COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: Oct 24, 2011 to November 28, 2011

1. Committee I.D. Number

150589

2. Committee Name

Committee to Elect  
Elizabeth L. Peters

4. Candidate Last Name

PETERS

First Name

Elizabeth

M.I.

L.

4a. Office Sought Including District # or Community Served (If applicable)

2nd Ward Commissioner - City of Bay City

4b. County of Residence

Bay

5. Committee's Mailing Address

2301 Center Avenue  
Bay City, MI 48708

Area Code and Phone

989-598-2155

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

Michael J. Debo  
1500 N. Dewitt St.  
Bay City, MI 48706

Area Code & Phone

989 684-5131

7. Treasurer's Business Address

Chemical Bank  
213 Center Ave.  
Bay City, MI 48706

Area Code and Phone

989-894-9820

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone

9. TYPE OF STATEMENT

9a. ☐ Pre-Election

OR

9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☐ Convention

☐ Special

☒ General

☐ School

☐ Caucus

Date of Election, Convention or Caucus

11/8/11

9c. ☐ Annual Statement ( \_\_\_\_\_ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Date

Michael J. Debo

Michael J. Debo

12/2/11

Candidate

Type or Print Name

Signature

Date

Elizabeth L. Peters

Elizabeth L. Peters

12/2/11



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 150589

2. Committee Name Committee to Elect Elizabeth Peters

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>1275<sup>00</sup></u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>1275<sup>00</sup></u>	(18.) \$ <u>4120<sup>00</sup></u>
<b>4. Other Receipts</b> (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>1275<sup>00</sup></u>	(20.) \$ <u>4120<sup>00</sup></u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions</b> (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$ <u>1,285.02</u>
<b>7. In-Kind Expenditures</b> (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>340.90</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>340.90</u>	(23.) \$ <u>1,078.93</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$		(24.) \$
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$		
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
<b>BALANCE STATEMENT</b>			
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$	<u>2111.97</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>1,275.00</u>	
<b>15. SUBTOTAL</b> Add lines 13 and 14	(15.) = \$	<u>3,386.97</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$	<u>340.90</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>3,046.07</u>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150589  
2. Committee Name Committee to Elect Elizabeth L. Peters

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/31/11</u>	
Name & Address: <u>Dave &amp; Amy Masud</u> <u>7250 E. Ronrick Pl</u> <u>Frankenmuth, MI 48734-9103</u>		\$ <u>250.00</u>	\$
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>Attorney</u> Employer <u>Masud Labor Law Group</u>			
Business Address <u>4449 Fashion Square Blvd Saginaw, MI 48603</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/29/11</u>	
Name & Address: <u>Dr. Steven J. Ingersoll</u> <u>1725 Carlisle Farms Dr.</u> <u>Traverse City, MI 49686</u>		\$ <u>500.00</u>	\$
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>Developer</u> Employer <u>Self-Employed</u>			
Business Address <u>400 Madison Avenue Bay City, MI 48708</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/3/11</u>	
Name & Address: <u>Peter Ewend</u> <u>3850 Mannion</u> <u>Saginaw, MI 48603</u>		\$ <u>25.00</u>	\$
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/25/11</u>	
Name & Address: <u>Tim Hunnicut</u> <u>206 Brookstone Cir</u> <u>Dewitt, MI 48820</u>		\$ <u>500.00</u>	\$
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>CEO</u> Employer <u>Front Porch Renaissance Group</u>			
Business Address <u>400 Madison Avenue Bay City, MI 48708</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

1275.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

1275.00

Enter this total on  
line 3a of Summary  
Page.



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number

150 589

## CANDIDATE COMMITTEE

2. Committee Name

Committee to Elect Elizabeth L. Peters

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in item 5)
Contribution # 1 Name & Address: JOHN L. PETERS 2301 CENTER AVENUE BAY CITY, MI 48708 If over \$100.00 cumulative, please provide: Occupation: VETERINARIAN Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description: 5. Date Of Receipt: 10/30/11 6. Vendor Name & Address: JOANN FABRICS 2950 CENTER AVE. BAY CITY, MI 48708	\$ 11.65	\$ 744.68
<input type="checkbox"/> Fund Raiser Contribution	Click Here for Memo Itemization		
Contribution # 2 Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description: 5. Date Of Receipt: 6. Vendor Name & Address:	\$	\$
<input type="checkbox"/> Fund Raiser Contribution	Click Here for Memo Itemization		
Contribution # 3 Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description: 5. Date Of Receipt: 6. Vendor Name & Address:	\$	\$
<input type="checkbox"/> Fund Raiser Contribution	Click Here for Memo Itemization		

Page Subtotal

11.65

744.68

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 150 589  
2. Committee Name Committee to Elect Elizabeth L. Peters

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Deluxe Check</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>Checks</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/27</u> Date	\$ <u>32.25</u>
Expenditure #2 Name <u>Bay City Times</u> Address <u>311 5th St.</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Last Word Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/4/11</u> Date	\$ <u>297.00</u>
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page 329.95

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 329.95

Enter this total  
on line 8a of  
Summary Page

Peter or Jill Ewend

E530-680-622-502 E-530-414-067-827  
3850 Mannion (989) 793-8370  
Saginaw, MI 48603

74-00520724

11313

PAY TO THE  
ORDER OF

DATE 4/1/14

412 Peters for 2<sup>ND</sup> Ward Commission \$ 2500  
Twenty Five Hundred and 00/100

Citizens Bank

DOLLARS

Security details  
on back.

FOR

⑆072400528⑆ 03583775⑈

11313

MP



Tim Hunnicutt 06/03  
Christine Hunnicutt  
206 Brookstone Circle  
Dewitt, MI 48820

1840

74-7826/2720

Oct 25, 2011  
Date

Pay to the  
Order of

Lacy Peters Committee to Elect  
Tim Hunnicutt  
\$ 500<sup>00</sup>

Dollars



Security  
Features  
Details on  
Back

**LAKE TRUST**  
CREDIT UNION

501 S. Capitol Ave.  
Lansing, MI 48933-2320  
888.267.7200 laketrust.org

⑆ 27 20 78 268 ⑆

401996404⑈01840

Recd. 12/7/11 88

Clear Form

-- POST-ELECTION CAMPAIGN FINANCE COMPLIANCE STATEMENT --

- This form must be filed by any candidate subject to Michigan's Campaign Finance Act who is elected to a state, county, city, township, village or school office. The form must be filed *before* the candidate assumes office. Exceptions: an elected candidate whose Candidate Committee did not receive or expend more than \$1,000.00 during the election cycle is *not* required to submit this form. In addition, this form does not have to be filed by an individual elected to a U.S. Senate, U.S. House or precinct delegate position.
- An elected candidate who is required to file a Post-Election Campaign Finance Compliance Statement must submit this form to the filing official designated to receive the elected candidate's campaign finance disclosure filings.
- An elected candidate subject to the Post -Election Campaign Finance Compliance Statement filing requirement who fails to submit this form prior to assuming office is guilty of a misdemeanor.
- If you need information on your current compliance status under the Michigan Campaign Finance Act, contact the Michigan Department of State's Bureau of Elections and/or the appropriate county clerks as necessary.

By signing this affidavit, I swear (or affirm) that the facts contained in the statement set forth below are true.

**At this date, all statements, reports, late filing fees, and fines due from me or any Candidate Committee organized to support my election to office under the Michigan Campaign Finance Act, PA 388 of 1976, have been filed or paid.**

I further acknowledge that making a false statement in this affidavit is perjury – a felony punishable by a fine up to \$1,000.00 or imprisonment for up to 5 years, or both. (MCL 168.848, 933 and 936)

Signature of Candidate:

*Elizabeth L. Peters*

Printed Name of Candidate:

Elizabeth L. Peters

Residential Address:

2301 Center Avenue  
Bay City, MI 48708

Phone:

989-895-2535

Office You Will Assume:

2nd Ward Commissioner - City of Bay City

Subscribed and sworn to by

Name of Notary:

Michael J. DeBo

before me on the 2<sup>nd</sup> day of DEC., 2011

Notary Public, State of Michigan, County of

BAY

My commission expires

9/4/15

Acting in the County of

BAY

Signature of notary public

*Michael J. DeBo*



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

<p>1. Committee ID #: 150589</p> <p>2. Type of Filing: <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Items: 10 Eff. Date: 9/20/11</p> <p>3. Full Name of Committee (must include Candidate's first and last name): Committee to Elect Elizabeth L. Peters</p> <p>4a. Candidate Full Name (Last, First, M.I.): Peters, Elizabeth L.</p> <p>4b. Political Party (if applicable):</p> <p>4c. County of Residence: Bay</p> <p>4d. Office Sought (Check one): <table border="0"><tr><td><input type="checkbox"/> Governor</td><td><input type="checkbox"/> Lt. Governor</td><td><input type="checkbox"/> State Senator</td></tr><tr><td><input type="checkbox"/> State Rep.</td><td><input type="checkbox"/> Sec. of State</td><td><input type="checkbox"/> Attorney Gen.</td></tr><tr><td><input type="checkbox"/> State Bd. of Ed.</td><td><input type="checkbox"/> UofM Reg.</td><td><input type="checkbox"/> MSU Trustee</td></tr><tr><td><input type="checkbox"/> WSU Gov.</td><td><input type="checkbox"/> Supreme Court</td><td><input type="checkbox"/> Appeals Court</td></tr><tr><td><input type="checkbox"/> Circuit Court</td><td><input type="checkbox"/> District Court</td><td><input type="checkbox"/> Probate Court</td></tr><tr><td><input type="checkbox"/> Municipal Court</td><td></td><td></td></tr></table><p>Local or other please specify: Commissioner</p></p> <p>4e. District/Circuit # or Jurisdiction: 2nd Ward</p> <p>5. Date Committee was Formed: 5-17-11</p> <p>6a. Committee Phone #: 989-895-2535</p> <p>6b. Committee Fax #: 989-892-1297</p> <p>6c. Committee E-mail Address: Dschutt33@gmail.com</p> <p>6d. Committee Website Address:</p> <p>7a. Complete Comm. Mailing Address (May be PO Box):</p> <p>7b. Complete Comm. Street Address (May not be PO Box): 2301 Center Avenue Bay City, MI 48708</p> <p>8. Treasurer Name and Complete Address: Michael Debo 1500 N. Dewitt Bay City, MI 48706 Phone #: 989-684-5131 E-mail Address: Coachdebo@yahoo.com</p> <p>9. Designated Record Keeper Name and Complete Address: Donald C. Schutt 261 Jennison Place Bay City, MI 48708 Phone #: 989-892-1297 E-mail Address: Dschutt33@gmail.com</p>	<input type="checkbox"/> Governor	<input type="checkbox"/> Lt. Governor	<input type="checkbox"/> State Senator	<input type="checkbox"/> State Rep.	<input type="checkbox"/> Sec. of State	<input type="checkbox"/> Attorney Gen.	<input type="checkbox"/> State Bd. of Ed.	<input type="checkbox"/> UofM Reg.	<input type="checkbox"/> MSU Trustee	<input type="checkbox"/> WSU Gov.	<input type="checkbox"/> Supreme Court	<input type="checkbox"/> Appeals Court	<input type="checkbox"/> Circuit Court	<input type="checkbox"/> District Court	<input type="checkbox"/> Probate Court	<input type="checkbox"/> Municipal Court			<p>10. <input type="checkbox"/> REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.</p> <p>11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings &amp; Loan Association) a. Official Depository Chemical Bank 213 Center Avenue Bay City, MI 48708 b. Secondary Depository</p> <p>12. <input type="checkbox"/> This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.</p> <p>13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to Candidate Committees that file with the County Clerk's office.</p> <p>The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement.</p> <p><input type="checkbox"/> Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.</p> <p style="text-align: center;">** OR **</p> <p><input type="checkbox"/> Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.</p> <p>14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date) Elizabeth L. Peters, Nov 1, 2011 Candidate Michael Debo, 11/3/11 Current Treasurer Designated Record Keeper (Required only if filing electronically)</p>
<input type="checkbox"/> Governor	<input type="checkbox"/> Lt. Governor	<input type="checkbox"/> State Senator																	
<input type="checkbox"/> State Rep.	<input type="checkbox"/> Sec. of State	<input type="checkbox"/> Attorney Gen.																	
<input type="checkbox"/> State Bd. of Ed.	<input type="checkbox"/> UofM Reg.	<input type="checkbox"/> MSU Trustee																	
<input type="checkbox"/> WSU Gov.	<input type="checkbox"/> Supreme Court	<input type="checkbox"/> Appeals Court																	
<input type="checkbox"/> Circuit Court	<input type="checkbox"/> District Court	<input type="checkbox"/> Probate Court																	
<input type="checkbox"/> Municipal Court																			





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 150589

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Elizabeth L. Peters

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,845</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2,845</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2,845</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1,285.02</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>733.03</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>733.03</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>- 0 -</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2,845.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2,845.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>733.03</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,111.97</u>	



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150589  
2. Committee Name Committee to elect Elizabeth L. Peto

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-13-11</u>	
Name & Address: <u>Rick Goedert</u> <u>62 Corral Dr</u> <u>Saginaw, MI 48638</u>		\$ <u>50.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-13-11</u>	
Name & Address: <u>Graham L. Chesny</u> <u>1800 Center Ave</u> <u>Bay City, MI 48708</u>		\$ <u>50.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-7-11</u>	
Name & Address: <u>Robert G. Hobohm</u> <u>Kathie Fuce-Hobohm</u> <u>2214 Eastman Ave</u> <u>Midland, MI 48640</u>		\$ <u>90.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-13-11</u>	
Name & Address: <u>Clare A. Wasek</u> <u>Debra S. Wasek</u> <u>3135 Old kawkawlin</u> <u>Bay City, MI 48706</u>		\$ <u>90.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 280.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150589  
2. Committee Name Committee to elect Elizabeth L. Petr

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-13-11</u>	
Name & Address: <u>Ricky R. Garcia</u> <u>2506 Center Ave</u> <u>Bay City, MI 48708</u>		\$ <u>50.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-13-11</u>	
Name & Address: <u>Guy R. Greve</u> <u>2800 Nurmi Dr</u> <u>Bay City</u>		\$ <u>50.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-13-11</u>	
Name & Address: <u>Donald C. Schutt</u> <u>Diane P. Schutt</u> <u>261 Jennison Pl</u> <u>Bay City, MI 48708</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-13-11</u>	
Name & Address: <u>Melody L. Wood</u> <u>Marvin L. Wood</u> <u>2030 E. Salzburg Rd</u> <u>Bay City, MI 48706</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 300.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150589  
2. Committee Name Committee to elect Elizabeth L. Peto

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt 9-6-11

Name & Address:

Pamela N. Clark  
1939 Brockway  
Saginaw, MI 48602

\$ 90.00

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 9-13-11

Name & Address:

Thomas E. Bock  
Karen A. Tighe  
2123 Center Ave  
Bay City, MI 48708

\$ 90.00

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 9-13-11

Name & Address:

Kyle Higgs Tarrant  
5725 Arrowwood PL  
Saginaw, MI 48638

\$ 90.00

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 9-1-11

Name & Address:

James W. Richardson  
Carleen B. Richardson  
5507 Hidden Ridge TRL  
Linden, MI 48451

\$ 100.00

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

370.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150589  
2. Committee Name Committee to elect Elizabeth L. Peto

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-5-11</u>	
Name & Address: <u>Richard J. Janke</u> <u>Melissa P. Janke</u> <u>272 Jennison place</u> <u>Bay City, MI 48708</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-13-11</u>	
Name & Address: <u>Allen + Susan Scioli</u> <u>2898 Gulfstream Drive</u> <u>Saginaw, MI 48603</u>		\$ <u>90.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-12-11</u>	
Name & Address: <u>James F. McGuinness</u> <u>Christine M. McGuinness</u> <u>7099 Albosta</u> <u>Saginaw, MI 48609</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-12-11</u>	
Name & Address: <u>M. A. Schaeff</u> <u>J. G. Schaeff</u> <u>4000 Woodside Dr</u> <u>Saginaw, MI 48603</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 390.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150589  
2. Committee Name Committee to elect Elizabeth L. Peto

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 9-13-11  
Name & Address:

Heidi A. Bolger  
11807 Geddes Rd.  
Freeland, MI 48623

\$ 50.00

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 9-8-11  
Name & Address:

Robert Grunow Jr.  
371 W. Logan St  
P.O. Box 331  
Lake City, MI 49651

\$ 50.00

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 9-12-11  
Name & Address:

Craig D. Alston  
2480 Center Ave  
Bay City, MI 48708

\$ 50.00

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 9-13-11  
Name & Address:

M. Jean Goodnow  
1980 E. Hotchkiss rd.  
Bay City, MI 48706

\$ 50.00

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

200.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 150589

2. Committee Name Committee to elect Elizabeth L. Peto

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-13-11</u>	
Name & Address: <u>Ellen Crane Freigang</u> <u>17 East Hannum Blvd</u> <u>Saginaw, MI 48602</u>		\$ <u>25.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-11-11</u>	
Name & Address: <u>Charlotte Bieri</u> <u>6771 River Street</u> <u>Cassville, MI 48725</u>		\$ <u>200.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SEASONS CHANGE HOME HEALTH CARE</u> Business Address <u>15 S. MAIN, BOX 409, PIGEON, MICHIGAN 48755</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-13-11</u>	
Name & Address: <u>Faye C. Myhra Smith</u> <u>1817 Center Avenue</u> <u>Bay City, MI 48708</u>		\$ <u>50.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-13-11</u>	
Name & Address: <u>Michael E. Wooley</u> <u>1811 Center Ave</u> <u>Bay City, MI 48708</u>		\$ <u>90.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

365.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150589  
2. Committee Name Committee to elect Elizabeth L. Peto

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9-6-11</u> Name & Address: <u>R.W. Sidney</u> <u>Margaret H. Sidney</u> <u>4300 Bookstone Dr. W.</u> <u>Saginaw, MI 48608</u>		\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9-13-11</u> Name & Address: <u>Robert D. Jarow</u> <u>1111 N. Water St. Unit</u> <u>Bay City, MI 48708</u>		\$ <u>50.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9-16-11</u> Name & Address: <u>Clint Braun</u> <u>P.O. Box 122</u> <u>Caseville, MI 48725</u>		\$ <u>150.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>CLINT BRAUN</u> Business Address <u>PO BOX 122, CASEVILLE, MI 48725</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9-13-11</u> Name & Address: <u>Peter Avery</u> <u>1216 33rd Street</u> <u>Bay City, MI 48708</u>		\$ <u>400.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Computer</u> Employer <u>AP SITES</u> Business Address <u>CENTER AVE. BAY CITY 48708</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 700.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150589  
2. Committee Name Committee to elect Elizabeth L. Peto

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 9-13-11  
Name & Address:

Benjamin Knizacky  
1310 STANTON STREET  
BAY CITY, MI 48708

\$ 90.00

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 9-13-11  
Name & Address:

Johanne Luth  
953 N. Jones Rd  
Essexville, MI 48732

\$ 50.00

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 9-13-11  
Name & Address:

Dan Pletzke  
1067 Shady Shore Dr.  
Bay City, MI 48706

\$ 100.00

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt \_\_\_\_\_  
Name & Address:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

240.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

\$2845.00

Enter this total on  
line 3a of Summary  
Page.



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

### CANDIDATE COMMITTEE

1. Committee I. D. Number 150589  
2. Committee Name Committee to Elect Elizabeth L. Peters

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
<p>Contribution #1 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: <u>Elizabeth L. Peters</u> <u>2301 Center Avenue</u> <u>Bay City, MI 48708</u> If over \$100.00 cumulative, please provide: Occupation: <u>Attorney</u> Employer Name &amp; Business Address: <u>Masud Labor Law Group</u> <u>4449 Fashion Square Blvd</u> <u>Saginaw, MI 48602</u></p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <b>LOAN</b> Description: <u>Signs, Literature, thank you notes, stamps, resident lists</u> 5. Date Of Receipt: <u>6/1/2011 - 10/28/2011</u> 6. Vendor Name &amp; Address: <u>U.S. Post Office</u> <u>Bay Area NC ISD</u></p>	<u>\$733.03</u>	
<p>Contribution #2 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: <u>Charlotte Bieri</u> <u>6771 River Street</u> <u>Cassville, MI 48725</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name &amp; Address: <u>Seasons Change Home Health Care</u> <u>15 South Main Street</u> <u>P.O. Box 409, Pigeon, MI 48755</u></p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description: <u>Campaign Banners (2)</u> 5. Date Of Receipt: <u>September 10, 2011</u> 6. Vendor Name &amp; Address:</p>	<u>\$200.00</u>	
<p>Contribution #3 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: <u>Don Sabowrin</u> <u>1812 Center Avenue</u> <u>Bay City, MI</u> If over \$100.00 cumulative, please provide: Occupation: <u>Dentist</u> Employer Name &amp; Address: <u>Self-employed</u> <u>Shattuck</u> <u>Saginaw, MI 48603</u></p> <p><input checked="" type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description: <u>September 13, 2011</u> 5. Date Of Receipt: <u>Food &amp; Beverage</u> 6. Vendor Name &amp; Address: <u>Old City Hall</u> <u>814 Saginaw Street</u> <u>Bay City, MI 48708</u></p>	<u>\$361.68</u>	

Page Subtotal

561.68

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 150589  
2. Committee Name Committee to Elect Elizabeth L. Peters

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
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Contribution #1 PAC Receipt? ☐ Yes

Name & Address:

Dave Dittenber  
12013 Hotchkiss Rd.  
Freeland, MI 48623

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Business Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☒ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description Food + beverages

5. Date Of Receipt: September 13, 2011

6. Vendor Name & Address:

Old City Hall  
814 Saginaw Street  
Bay City, MI 48708

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Contribution #2 PAC Receipt? ☐ Yes

Name & Address:

Amy Dittenber  
12013 Hotchkiss Rd.  
Freeland, MI 48623

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☒ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description Food + beverages

5. Date Of Receipt: September 13, 2011

6. Vendor Name & Address:

Old City Hall  
814 Saginaw Street  
Bay City, MI 48708

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description \_\_\_\_\_

5. Date Of Receipt: \_\_\_\_\_

6. Vendor Name & Address:

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Page Subtotal

723.34

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

1,285.02

Enter this total  
on line 6 of Summary

Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 150589  
2. Committee Name Committee to Elect Elizabeth L. Peters

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<p>Expenditure #1</p> <p>Name <u>SERVICE SIGN &amp; SCREEN</u></p> <p>Address <u>1605 BROADWAY</u> <u>BAY CITY MI 48708</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>SIGNS</u></p> <p><input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>9/26/11</u> Date</p>	<p><u>\$ 500.00</u></p>
<p>Expenditure #2</p> <p>Name <u>BAIRD PRINTING SERVICES</u></p> <p>Address <u>4228 TWO MILE ROAD</u> <u>BAY CITY, MI 48706</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>PRINTING</u></p> <p><input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>10/11/11</u> Date</p>	<p><u>\$ 169.96</u></p>
<p>Expenditure #3</p> <p>Name <u>DOLLAR TREE STORES, INC.</u></p> <p>Address <u>2614 CENTER AVE.</u> <u>BAY CITY, MI 48708</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>CARDS</u></p> <p><input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>9/19/11</u> Date</p>	<p><u>\$ 16.96</u></p>
<p>Expenditure #4</p> <p>Name <u>BAY CITY POST OFFICE</u></p> <p>Address <u>BAY CITY, MI 48708</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>STAMPS</u></p> <p><input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>9/24/11</u> Date</p>	<p><u>\$ 26.40</u></p>
<p>Expenditure #5</p> <p>Name <u>CITY OF BAY CITY</u></p> <p>Address <u>200 FOURTH STREET</u> <u>BAY CITY, MI 48706</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>LISTS</u></p> <p><input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>7/25/11</u> Date</p>	<p><u>\$ 6.58</u></p>

Subtotal this page 719.90  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150589  
2. Committee Name Committee to Elect Elizabeth L. Peters

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>City of Bay City</u> Address <u>200 FOURTH STREET</u> <u>BAY CITY, MI 48708</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Lists</u>  <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/30/11</u> Date	\$ <u>13.13</u>
<b>Expenditure #2</b> Name _____ Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
<b>Expenditure #3</b> Name _____ Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
<b>Expenditure #4</b> Name _____ Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
<b>Expenditure #5</b> Name _____ Address _____  <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page 13.13  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 733.03

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 150589  
2. Committee Name Committee to Elect Elizabeth L. Peters

This Schedule itemizes:

a ☐ Debts and obligations owed by or forgiven the committee OR b ☒ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.) IN KIND - LOAN

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>ELIZABETH L PETERS</u> <u>2301 CENTER AVE</u> <u>DAY CITY, MI 48708</u>	4. Type: <u>LOAN</u> <u>IN KIND</u> 5. <u>Date Debt Was Incurred:</u> <u>6/1/11 - 10/20/11</u> 6. <u>Original Amount of Debt:</u> <u>\$ 733.03</u>	<u>10/20/11 \$ 733.03</u> \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>733.03</u>	\$ <u>0</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 0

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150589  
2. Committee Name Committee to Elect Elizabeth L. Peters

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>9/13/11</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>50</u>	5. Type of Fund Raising Activity <u>SOCIAL EVENT AT A PRIVATE RESIDENCE</u>	6. Address and Name (If any) of the place where the activity was held. <u>DON SABOURIN</u> <u>1812 CENTER AVE.</u> <u>Bay City, MI 48708</u> <input checked="" type="checkbox"/> Private Residence
--	---	--	--

7. Total Contributions 2,845

8. Other Receipts \_\_\_\_\_

9. Gross Receipts (Add lines 7 and 8) 2,845

10. Total Cost of Event 1,085  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
DAVE DITTENBER		1/3%
Amy D. HENBER		1/3%
DON SABOURIN		1/3%

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #: 150589  
2. Type of Filing:  
☒ Original  
☐ Amendment to Items: \_\_\_\_\_ Eff. Date: \_\_\_\_\_

3. Full Name of Committee (must include Candidate's first and last name): Committee to Elect Elizabeth L. Peters

4a. Candidate Full Name (Last, First, M.I.): Peters, Elizabeth L.

4b. Political Party (if applicable):

4c. County of Residence: Bay

4d. Office Sought (Check one):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Governor         | <input type="checkbox"/> Lt. Governor   | <input type="checkbox"/> State Senator |
| <input type="checkbox"/> State Rep.       | <input type="checkbox"/> Sec. of State  | <input type="checkbox"/> Attorney Gen. |
| <input type="checkbox"/> State Bd. of Ed. | <input type="checkbox"/> UofM Reg.      | <input type="checkbox"/> MSU Trustee   |
| <input type="checkbox"/> WSU Gov.         | <input type="checkbox"/> Supreme Court  | <input type="checkbox"/> Appeals Court |
| <input type="checkbox"/> Circuit Court    | <input type="checkbox"/> District Court | <input type="checkbox"/> Probate Court |
| <input type="checkbox"/> Municipal Court  |   |  |

Local or other please specify: Commissioner

4e. District/Circuit # or Jurisdiction: 2ND Ward

5. Date Committee was Formed: 5-17-11

6a. Committee Phone #: 989 895-2535

6b. Committee Fax #: 989 892-1247

6c. Committee E-mail Address: DSCHUTT33@gmail.com

6d. Committee Website Address: \_\_\_\_\_

7a. Complete Comm. Mailing Address (May be PO Box):

7b. Complete Comm. Street Address (May not be PO Box):

2301 Center Avenue  
Bay City, MI 48708

8. Treasurer Name and Complete Address:

Michael Debo  
1500 N. Dewitt  
Bay City, MI 48706

Phone #: 989 684-5131

E-mail Address: Coachdebo@yahoo.com

9. Designated Record Keeper Name and Complete Address:

Donald C. Schutt  
261 Jennison Place  
Bay City, MI 48708

Phone #: 989 892-1247

E-mail Address: DSchutt33@gmail.com

10. ☒ REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.

11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)

a. Official Depository

Chemical Bank  
213 Center Avenue  
Bay City, MI 48708

b. Secondary Depository

12. ☐ This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.

13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to Candidate Committees that file with the County Clerk's office.

The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement.

☐ Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.

\*\* OR \*\*

☐ Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.

14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)

Elizabeth L. Peters 5-31-11  
Candidate

Michael Debo 5/31/11  
Current Treasurer

Designated Record Keeper (Required only if filing electronically)